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CONFIRMATION NO. 3319

<b>SERIAL NUMBER</b> 10/724,549	<b>FILING OR 371(c) DATE</b> 11/28/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Veronica Rose Hargis, Warwick, NY, Deceased; Luther Calvin Hargis, Warwick, NY, Legal Representative;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/430,535 12/04/2002 <i>rf</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/01/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Handwritten Signature</i> <i>CP</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> DR. LUTHER CALVIN HARGIS 40 MAPLE AVE. WARWICK, NY 10990					
<b>TITLE</b> Non-compression carpal/wrist keyboard brace					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		